

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED

APR 27 2011

Bayfield Co. Zoning Dept.

Application No.: 11-0089
Date: 5-9-11
Zoning District: R-1
Amount Paid: \$ 125.00 205
5/4/11

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department.

LAND USE ☒ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER _____
Use Tax Statement for Legal Description

Legal Description _____ 1/4 of _____ 1/4 of Section 27 Township 44 North, Range 06 West, Town of Grand View
Gov't Lot _____ Lot 1 Block _____ Subdivision Trapper Lodge SSM # _____ Acreage 5.7
Volume 981 Page 896 of Deeds Parcel I.D. 04-021-2-44-06-27-1-00-300-70000

Property Owner Thomas E. & Judith J. Garnett Contractor Thomas Garnett (Phone) 269-382-2561
Co-Trustees Address of Property After Tail Drive Plumber N/A

Telephone Grandview, WI 54839 Authorized Agent _____ (Phone) _____

Telephone 269-382-2561 (Home) 269-245-8135 (Work)

Is your structure in a Shoreland Zone? Yes ☐ No ☒ If Yes, _____

Structure: New ☒ Addition _____ Existing _____ Distance from Shoreline: greater than 75' ☒ 75' to 40' ☐ less than 40' ☐

Fair Market Value \$20,000 Square Footage 768' Basement: Yes _____ No ☒ Number of Stories 1

USE: _____ Sanitary: New _____ Existing _____ Privy _____ City _____

☒ Residence or Principal Structure (# of bedrooms) Garage Type of Septic/Sanitary System None

Residence sq. ft. _____ Mobile Home (manufactured date) _____

☐ Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (explain) _____

☐ Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

☐ Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____

☐ Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____

☐ Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

☐ Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Thomas E. Garnett Date April 27, 2011

Address to send permit Tray Betrau 22030 Kempf, Glidden, WI 54527 ATTACH _____

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Copy of Tax Statement or _____
(If you recently purchased the property
Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 5-9-11 Permit Number 11-0089 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: well stocked. Meet all standards. Property, Louis person
represents. By M. Tuttle Date of Inspection 5-3-11

Mitigation Plan Required: Yes ☐ No ☒ Variance (B.O.A.) # _____

Condition: Not to be used for human habitation. No water under
pressure in structure.

Signed Michael Tuttle 5-4-11 Date of Approval _____

ENTERED

